

Text in **BLACK** automatically populates when the document is created in CWS/CMS, including case plan documents you have already created, i.e. the Case Plan Family Assessment and the Out-of-Home Care Information document(s). If information was omitted from case plan documents when they were created, it can be added here by following the instructions under each heading. Remember to review the **CFT Action Plan** and incorporate this document within the initial case plan. Complete your document by referring to the sections in this document with **GREEN** text.

**CHILD WELFARE SERVICES INITIAL CASE PLAN - [COURT]
 CASE PLAN FAMILY ASSESSMENT - [COURT]**

VERSION: Initial Case Plan

FAMILY ASSESSMENT PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Lang./Ethnicity</u>	<u>Relationship/To</u>
Mother's Name	00/00/0000	English/ Black*	Mother (Birth)/ Child A Child B

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child A 0000-0000-0000-00000000	00/00/0000	XX y	F	CK00000
Child B	00/00/0000	XX y	M	CK00000

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Goal Completion Date</u>
Child A	Return Home	00/00/0000
Child B	Return Home	00/00/0000

REFERRAL HISTORY

Referral Date:	04/09/2002	Referral Id #	0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>	
Child B	00/00/0000	Mother's Name	Physical Abuse	Unfounded	
Referral Date:	10/04/2005	Referral Id #	0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>	
Child B	00/00/0000	Mother's Name	General Neglect	Substantiated	
Child A	00/00/0000	Mother's Name	General Neglect	Substantiated	
Referral Date:	12/14/2005	Referral Id #	0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>	
Child B	00/00/0000	Mother's Name	Physical Abuse		
Referral Date:	10/29/2007	Referral Id #	0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>	
Child B	00/00/0000	Other Relative	At Risk, sibling abused	Unfounded	
		Mother's Name	General Neglect	Substantiated	
Child A	00/00/0000	Other Relative	At Risk, sibling abused	Unfounded	
		Mother's Name	General Neglect	Substantiated	
Referral Date:	11/08/2010	Referral Id #	0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>	
Child B	00/00/0000		At Risk, sibling abused	Unfounded	
Child A	00/00/0000		Sexual Abuse	Unfounded	
Referral Date:	04/19/2011	Referral Id #	0000-0000-0000-0000000		
<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>	
Child B	00/00/0000	Other Relative	General Neglect	Inconclusive	
Child A	00/00/0000	Other Relative	General Neglect	Inconclusive	

Referral Date: **05/05/2011** Referral Id # **0000-0000-0000-0000000**
Date Of Allegation
Client Name Birth Perpetrator Allegation Disposition
 Child B 00/00/0000 Other Relative Emotional Abuse Substantiated
 Child A 00/00/0000 Other Relative Emotional Abuse Substantiated

Referral Date: **09/06/2011** Referral Id # **0000-0000-0000-0000000**
Date Of Allegation
Client Name Birth Perpetrator Allegation Disposition
 Child B 00/00/0000 Mother's Name General Neglect Unfounded
 Mother's Name Physical Abuse Unfounded
 Child A 00/00/0000 Mother's Name General Neglect Unfounded
 Mother's Name Physical Abuse Unfounded

Referral Date: **04/16/2013** Referral Id # **0000-0000-0000-0000000**
Date Of Allegation
Client Name Birth Perpetrator Allegation Disposition
 Child B 00/00/0000 Other Relative General Neglect Substantiated
 Child A 00/00/0000 Other Relative General Neglect Substantiated

Referral Date: **04/17/2013** Referral Id # **0000-0000-0000-0000000**
Date Of Allegation
Client Name Birth Perpetrator Allegation Disposition
 Child A 00/00/0000 Mother's Name General Neglect Unfounded

Referral Date: **06/28/2013** Referral Id # **0000-0000-0000-0000000**
Date Of Allegation
Client Name Birth Perpetrator Allegation Disposition
 Child B 00/00/0000 Mother's Name General Neglect Substantiated
 Mother's Name General Neglect Substantiated
 Child A 00/00/0000 Child B Caretaker Absence/Incapacity
 Mother's Name Caretaker Absence/Incapacity
 Mother's Name General Neglect Substantiated

Referral Date: **07/25/2013** Referral Id # **0000-0000-0000-0000000**
Date Of Allegation
Client Name Birth Perpetrator Allegation Disposition
 Child A 00/00/0000 Jane Doe General Neglect Unfounded
 Jane Doe Physical Abuse Inconclusive

Referral Date: **08/27/2013**

Referral Id # **0000-0000-0000-0000000**

<u>Client Name</u>	<u>Date Of Birth</u>	<u>Perpetrator</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Child A	00/00/0000	Jane Doe	Sexual Abuse	

REFERRAL HISTORY - OTHER CHILDREN

Referral Date: **05/06/2000**

Referral Id # **0000-0000-0000-0000000**

<u>Perpetrator Name</u>	<u>Date Of Birth</u>	<u>Allegation</u>	<u>Allegation Disposition</u>
Mother's Name	00/00/0000	General Neglect	Unfounded

Additional Information

Provide a brief narrative of the outcome of investigations and cases involving the other biological children of the parents and the reasons these children are not part of this case plan, i.e. child is deceased, child is emancipated, child lives with another biological parent, etc.

PREVIOUS SOCIAL SERVICES

<u>Child(ren)'s Name</u>	<u>Service Component</u>	<u>Date Range</u>
Child A	Emergency Response	07/18/2007 - 07/25/2007
	Family Maintenance	07/25/2007 - 01/14/2008
	Emergency Response	06/28/2013 - 06/28/2013
	Family Reunification	06/28/2013
Child B	Family Maintenance	07/25/2007 - 01/14/2008
	Emergency Response	07/18/2007 - 07/25/2007
	Emergency Response	06/28/2013 - 06/28/2013
	Family Reunification	06/28/2013

Narrative/Results of Previous Social Services

Record any previous child welfare services, including those provided by other counties, which include pre-placement preventive services and their results.

Clearly document the results of all Child Abuse Central Index (CACI) clearances and CWS/CMS database search result. If none, enter "no previous social services."

ASSESSMENT SECTION

Problems Requiring Intervention And Possible Causes

Mother's Name

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Chronic family stress, conflict, or violence severely impedes child's sense of safety and security.

Description: Mother is in a domestic violence relationship.

Parent has no appropriate extended family/friend support.

Description: Extended family lives in another state.

Parent unable or unwilling to properly supervise or control child

Description: Mother abandoned the children at a shopping mall for several days in order to go and find her boyfriend.

Child A

Intervention Reason General Neglect-Parent is negligent in providing basic necessities for the child.

Child is working below grade level.

Description: Child has no 8th grade records due to excessive absences.

Child's behavior threatens siblings.

Description: Child acts violently towards sibling.

Child is at risk due to extreme isolation by caretaker.

Description: Child does not go to school and is not allowed to leave mother's presence.

Child has engaged in delinquent behavior.

Description: Child often leaves mother's supervision without permission.

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Child B

Intervention Reason General Neglect-Parent is negligent in providing basic necessities for the child.

Child is working below grade level.

Description: Child has no 8th grade records due to excessive absences.

Child's disability affects parents' ability to cope.

Description: Child has learning disability and no associated services.

Family does not have a safe home.

Description: Family has no permanent residence and moves between hotels, shelters, and living in parks/outdoor spaces.

Relevant Social, Cultural, And Physical Factors

Record all child safety factors in the social, cultural, and physical environment which affect the child(ren).

- Describe in specific detail the safety and general welfare of each child, which shall include all psychological, mental health, behavioral and educational issues.**
- Thoroughly discuss all reports from schools (including reports from pre-school/head start for toddlers enrolled in a pre-school setting), therapists and other service providers. Incorporate information obtained from these sources into the case plan.**

Child Health/Medical Care Needs

Child A

Describe in specific detail the health of the child, including any health/medical issues recorded in the Health and Education Passport, and any psychotropic medication.

Child B

Describe in specific detail the health of the child, including any health/medical issues recorded in the Health and Education Passport, and any psychotropic medication.

Statement Of Family Strengths

Mother's Name

Good communication skills

Mother is articulate and presents well.

In the past, parent met child's needs

Parent raised child a significant time

Children have not previous history of out of home care.

Willingness to accept services

Mother has stated that she wants to participate in Family Reunification services.

Child A

Child shows age-appropriate development

Child shows comfort in parent's presence

Both children have strong attachment to mother.

Medical care adequate

The children have no medical issues and have had annual physical examinations.

Child B

Child shows age-appropriate development

Child shows comfort in parent's presence

Both children have strong attachment to mother.

Medical care adequate

The children have no medical issues and have had annual physical examinations.

Family's Perception Of Their Needs

Record statements from all family members regarding his or her needs as related to case plan goals. Record statements verbatim whenever possible.

Known Criminal History

Clearly document the results of all JAI, CLETS, Child Abuse Central Index (CACI) clearances and CWS/CMS database searches.

- If a child is a dependent of the court and his or her parent is incarcerated, indicate where the parent is currently incarcerated, reason for incarceration and length of sentence.**
- If the parent is detained or deported, list their current whereabouts and reason for their detention or deportation.**
- If FR services are being provided document in detail any particular barrier, if any, to an incarcerated or institutionalized parent's access to court mandated services and the parent's ability to maintain contact with his/her child(ren).**

Department of Children and Family Services Bureau of Operations CSW's Name, File no. – Last Name, Init
Regional Office Address
Regional Office City, California Zip Code County: Los Angeles

- Document the parent's good faith efforts to maintain contact with their child(ren).

Child(ren)'s Safety In Home, Including The Need, If Any, For Removal

Discuss the child's safety in the home and the need, if any, for removal. Reference whether or not the children are to remain home and under what conditions as specified in the [SDM Safety Plan](#) (including any outstanding Safety Threats). Refer to [0070-548.25, Completing the Structured Decision Making \(SDM\) Safety Plan.](#)

Circumstances Surrounding Severe Physical Abuse Of Child

For all cases, which meet [WIC Section 300\(e\)](#) criteria, i.e., severe sexual or physical abuse, document all relevant information, describe why reunification services would be detrimental to the child. If not applicable, enter "N/A."

Detrimental Impact of Not Ordering Reunification Services

Document efforts made by CSW to reunify family, barriers encountered, and reasons why reunification would be detrimental to the safety and well-being of the child(ren). If the case falls under [WIC 361.5\(b\)](#) / [WIC 361.5\(e\)](#) and no Family Reunification services are being recommended, summarize the rationale here.

Special Needs Of A Child Who Is A Parent

Document if a child is also a parent. Include all relevant data. Refer to Procedural Guide [0100-510.40, Services for Teen Parents.](#) If not applicable, enter "N/A."

Other

Document whether the family was offered participation in any specialized program such as Family Preservation and/or Family Support, Adoptions Promotion Support Services, Wraparound, etc. Document whether or not a referral was or was not made.

- If a referral was made, document the services provided and the expected duration of each.

Determine if the child meets the juvenile court's definition of a [special needs child](#).

- If so, document the condition(s).
- Insert the heading "Special Needs Child" and provide information as appropriate.

If not including in the Out of Home Care Information document, ensure that educational stability plan requirements are included here. See [ACL 12-70 \(December 7, 2012\)](#).

Evaluation

Summarize the reasons that justify the proposed case plan services, using all relevant information described above.

CASE PLAN PARTICIPANTS

PARENTS/GUARDIAN

<u>Name</u>	<u>Date Of Birth</u>	<u>Relationship</u>	<u>To</u>
Mother's Name	00/00/0000	Mother (Birth)	Child A
		Mother (Birth)	Child B

CHILD(REN)

<u>Name</u>	<u>Date Of Birth</u>	<u>Age</u>	<u>Sex</u>	<u>Court Number</u>
Child A 0000-0000-0000-00000000	00/00/0000	14 y	F	CK00000
Child B	00/00/0000	13 y	M	CK00000

CASE PLAN GOAL

<u>Name</u>	<u>Case Plan Goal</u>	<u>Projected Completion Date</u>	<u>Projected Date For Termination Of Child Welfare Services</u>
Child A	Return Home	00/00/0000	00/00/0000
Child B	Return Home	00/00/0000	00/00/0000

CASE PLAN SERVICE OBJECTIVES AND CLIENT RESPONSIBILITIES

Mother's Name

SERVICE OBJECTIVES

	<u>Projected Completion Date</u>
1. Obtain resources to meet the needs of your child(ren) and to provide a safe home. Description Mother will seek employment.	00/00/0000
2. Attend and demonstrate progress in a County Certified Domestic Violence Prevention Plan.	00/00/0000
3. You will comply with all orders of the court.	00/00/0000
4. Maintain relationship with your child by following the conditions of the visitation plan.	00/00/0000
5. Develop and use a specific domestic violence Relapse Prevention Plan for yourself.	00/00/0000
6. Do not involve your child(ren) in attempts to control or intimidate your partner.	00/00/0000

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
Counseling/Mental Health Services					
1. Domestic Violence Program		Weekly	00/00/0000		
<u>Description</u> Mother will enroll in a Domestic Violence program for victims.					
2. General Counseling		Weekly	00/00/0000		
<u>Description</u> Mother will enroll in Individual Counseling to address case issues.					

Education Services

1. Parenting Education Program			00/00/0000		
<u>Description</u> Mother will enroll in a Court-approved Parenting program appropriate to the children's ages.					

Child A

SERVICE OBJECTIVES

	<u>Projected Completion Date</u>
1. Attend school regularly. Any absences are to be excused. Only excused absences are acceptable.	00/00/0000
2. Abide by placement rules as agreed upon by your care provider, child welfare worker, and you.	00/00/0000
3. Cooperate with your child welfare worker and care provider to resolve problems.	00/00/0000

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
Counseling/Mental Health Services					
1. General Counseling		Weekly	00/00/0000		
<u>Description</u> Both children will be enrolled in Individual Counseling.					

Health/CHDP Services

1. HEP - CHDP Equivalent Physical Exam			00/00/0000		
2. HEP - Periodic Dental Exam			00/00/0000		

Child B

SERVICE OBJECTIVES

	<u>Projected Completion Date</u>
1. Attend school regularly. Any absences are to be excused. Only excused absences are acceptable.	00/00/0000

- 2. Abide by placement rules as agreed upon by your care provider, child welfare worker, and you. 00/00/0000
- 3. Cooperate with your child welfare worker and care provider to resolve problems. 00/00/0000

CLIENT RESPONSIBILITIES

<u>Activity</u>	<u>Times</u>	<u>Freq.</u>	<u>Completion Date</u>	<u>Provider</u>	<u>Wrap</u>
Counseling/Mental Health Services					
1. General Counseling		Weekly	00/00/0000		
<u>Description</u> Both children will be enrolled in Individual Counseling.					
Health/CHDP Services					
1. HEP - CHDP Equivalent			00/00/0000		
Physical Exam					
2. HEP - Periodic Dental Exam			00/00/0000		

Sexual Health Education Services (as Service Objective) Provider

1. Sexual Health Education High School or Sexual Health Education Middle School			00/00/0000	XUSD	
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Description
 Child A **received** Comprehensive Sexual Health Information (CHSE) in X grade. (Note: only if age 10+; must be documented annually)

OR:

Sexual Health Education Services (as Planned Client Service) Provider

1. Other			00/00/0000	XUSD	
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Description
 Child A **will receive** Comprehensive Sexual Health Information (CHSE) once during middle/high school. (Only if age 10+; must be documented annually)

Education Services Provider

2. Other			00/00/0000	XUSD	
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Description
 Youth A will work with Counselor/Collateral X on applications for postsecondary education, including financial aid, etc. [WIC 16501.1(g)(22)]. (Only if age 16+ or NMD).

VISITATION SCHEDULE

CHILD(REN) - PARENT(S)/GUARDIAN(S) VISITATION

Department of Children and Family Services Bureau of Operations CSW's Name, File no. – Last Name, Init
 Regional Office Address
 Regional Office City, California Zip Code County: Los Angeles

Child A , Child B , Mother's Name

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person (Visits Must Be Supervised)			00/00/0000	STAFF PERSON

Description
 DCFS will provide a monitor for weekly visits.

If a parent is incarcerated or deported and residing in Mexico, see [0080-506.16](#),
 Selecting and/or Arranging for Appropriate Services for Incarcerated,
 Institutionalized, Detained or Deported Parents.

CHILD(REN) – OTHER VISITATION

Include details of visitation plans with any other relatives or non-related extended family members (NREFMs) not included above. Specify method (telephone, in person), frequency (weekly, monthly), number of times and beginning date.

AGENCY RESPONSIBILITIES

CASE MANAGEMENT SERVICES

1. Child and Family Team Meeting (once every 3 months minimum)

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>
Child A, Child B, Mother's Name	10/04/2013	STAFF PERSON

2. Health/CHDP Services - Other)

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>
Child A, Child B	10/04/2013	STAFF PERSON

Description
 Sexual and Reproductive Health Rights and Svcs Delivered [[WIC 16501.1 \(g\)\(21\)](#)];
Note: must be documented annually).

3. Arrange and Maintain Placement (Example: Short Term Residential Therapeutic Program)

<u>For Whom</u>	<u>Beginning Date</u>	<u>Provider</u>
Child X	10/04/2018	STRTP Agency

Description
 For STRTP placements: the case plan must (a) indicate that such placement is for the purpose of providing short-term, specialized and intensive treatment; (b) specify the need for, nature of, and anticipated duration of this treatment; (c) detail the plan for transitioning the child to a less restrictive environment and (d) list the projected timeline for this transition. [[WIC 361.2\(e\)\(9\)](#)]

**DELIVERED SERVICES RELATING TO SEXUAL
 HEALTH EDUCATION AND REPRODUCTIVE CARE / RIGHTS**

CASE MANAGEMENT SERVICES

1. Assist Access to Sexual/Repro Care Srvcs

<u>Service Recipient</u>	<u>Start Date</u>	<u>End Date</u>
William A., Elizabeth B.	10/15/2018	10/15/2018

2. Inform Sexual and Repro Health Rights

<u>Service Recipient</u>	<u>Start Date</u>	<u>End Date</u>
William A.	10/02/2018	10/02/2018

SEXUAL HEALTH EDUCATION SERVICES

1. Sexual Health Education High School

<u>Service Recipient</u>	<u>Start Date</u>	<u>End Date</u>
Rose B.	08/14/2017	08/14/2017

2. Sexual Health Education Middle School

<u>Service Recipient(s)</u>	<u>Start Date</u>	<u>End Date</u>
Rose B.	04/22/2015	04/22/2015

CONCURRENT SERVICES PLANNING

Permanency Alternative / Concurrent Planning Goal

<u>For Whom</u>	<u>Concurrent Planning Goal</u>
<u>Child B</u>	Adoption With Sibling(s)
<u>Child A</u>	Adoption With Sibling(s)

CONTACT SCHEDULE

SOCIAL WORKER – CHILD CONTACTS

Child A , Child B

<u>Method</u>	<u>Times</u>	<u>Frequency</u>	<u>Beginning Date</u>	<u>Provider</u>
In-Person	1	Monthly	10/04/2013	STAFF PERSON

SOCIAL WORKER – PARENT(S)/GUARDIAN(S) CONTACTS

Include details of the CSW's contact schedule with any parent(s)/guardian(s) on the case plan. Refer to 0400-503.10, Contact Requirements and Exceptions.

SOCIAL WORKER – CARE PROVIDER CONTACTS

Include details of the CSW's contact schedule with the out-of-home care provider, if relevant. Refer to 0400-503.10, Contact Requirements and Exceptions. If there is no out-of-home care provider, write N/A.

OUT OF HOME CARE INFORMATION

CHILD INFORMATION

<u>Child's Name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security #</u>
Child A	00/00/0000	14 Y	F	000-00-0000

<u>Address</u>	<u>Telephone</u>
Confidential Address	

<u>Ethnicity</u>	<u>Religion</u>	<u>ICWA Eligibility</u>
Black*		Not Eligible

<u>Primary Language</u>	<u>Secondary Language</u>
English	

<u>Type Of Facility</u>	<u>Name Of Care Provider</u>
Group Home	Confidential Name

<u>School Name</u>	<u>School Address</u>	<u>Grade</u>
Name of School	Address of school City, State, Zip	9

<u>Case Plan Goal</u>	<u>Case Id Number</u>	<u>Court Number</u>
Return Home	0000-0000-0000- 0000000	CK00000

EDUCATION INFORMATION

Plan For Obtaining Missing Educational Records / Attempts To Acquire:

If you have been unable to obtain the child's educational records, document your efforts to do so here, including:

- The date you submitted the DCFS 1726 Request for School Report;
- Details of follow-up telephone calls and faxes;
- The results of any referrals to the [DCFS Educational Consultant](#); and
- Results found in the [Student Information Tracking System \(SITS\)](#).

If records have been obtained and are included in the court report and/or [Health and Education Passport](#), write 'N/A.'

Educational Needs Specific to this Child:

Include details of the child's current or prior **Individualized Education Program (IEP)**, including their current **special education eligibility category**, (i.e. **Specific Learning Disability**), any **placement** (e.g., **Special Day Class, Resource Specialist Program, etc.**) and **services** (e.g., **speech and language therapy, etc.**), including the length and amount of service (e.g., **1 hour/week, etc.**). State whether or not the child is currently receiving tutoring services and, if so, the contact information for the service provider.

For nonminor dependents (NMDs) and children sixteen (16) years of age or older, identify the person(s) who is/are responsible for assisting the child or NMD with applications for postsecondary education and related financial aid (unless the child or nonminor dependent states that postsecondary education, including career and technical education will not be pursued). ([SB 12, 2017](#)). This person may include the child's high school counselor, CASA, guardian or other appropriate adult. For more SB 12 information and resources, [click here](#).

For NMDs and children ten (10) years of age and older, document whether or not the child/NMD has received comprehensive sexual health education (CSHE) which meets the requirements established in the CA Healthy Youth Act at least once in junior high school and once in high school. If the child/NMD has not received or will not receive this instruction through school, document how the county has ensured the child/NMD received education through an alternative source that meets the standards of the CA Healthy Youth Act. ([SB 89, 2017](#))

Additionally, [WIC section 16501.1\(g\)\(21\)](#) requires that, for a foster youth, ten (10) years of age or older, or for an NMD, case management workers annually update the case plan to indicate that the [case management worker](#) has done all of the following:

- A. Informed the youth or NMD that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections,
- B. Informed the youth or NMD, in a developmentally and age appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights regarding those services; and
- C. Informed the youth or NMD how to access reproductive and sexual health care services and facilitated access to that care, including by assisting with any identified barriers to care, as needed.

For detailed CWS/CMS case plan documentation instructions, please refer to [Attachment 10](#). For resources and further information, refer to ["Know Your Rights for Sexual Health Services and Sexual Health Services Available at the Medical Hub Clinics"](#) and CDSS' ["Your Sexual and Reproductive Health Care and Related Rights \(PUB 490\)."](#)

Parent(s)/Guardian(s) Limitations, If Any, Regarding Educational Decisions:

If you are making a recommendation to limit the educational rights of one or more of the parents (or current Holder of Educational Rights), or there are circumstances indicating that such a recommendation may be warranted in the future, state the reasons and/or circumstances. If there is a current educational rights holder, the name and contact information of the educational rights holder shall be included on the case plan, unless such inclusion would pose a threat to the child's health/safety. Refer to [0700-500.10](#), Education of DCFS-Supervised Children; and [0100-570.08](#), Quality of Life in Out-of-Home Care.

Are Transitional Independent Living Services Appropriate?

Yes No. If No, explain below.

There are behavior/health issues that impact TILP plans and services.

Explain:

Child refuses services.

Explain: Explain the circumstances surrounding the child's refusal to accept TILP services.

HEALTH INFORMATION

Plan For Obtaining Missing Health Information / Attempts To Acquire:

If you have been unable to obtain the child's medical and/or dental records, document your efforts to do so here, including:

- The date you submitted the DCFS 561(a) Medical Examination Form and/or DCFS 561(b) Dental Examination Form documents to medical service providers;
- Details of follow-up telephone calls and faxes;
- Details of any consultations with the DCFS Public Health Nurse and her/his efforts to obtain records.

Medical Needs Specific To This Child:

Include details of any medical conditions requiring on-going treatment, a list of medications, and treatment plans.

CHDP OR ALTERNATIVE PREVENTIVE HEALTH SERVICES PLAN

Description:

Include the date of the last [CHDP](#) or CHDP-equivalent examination and the date the next examination is due.

PLACEMENT NEED CONSIDERATIONS

Child Strengths:

Child shows age-appropriate development

Child shows comfort in parent's presence

Both children have strong attachment to mother.

Medical care adequate

The children have no medical issues and have had annual physical examinations.

Behavioral Factors

Emotional Factors

Medical Conditions

ADDITIONAL CONSIDERATIONS

The following additional factors or placement needs of the child have been considered

- | | | |
|---|---|---|
| <input type="checkbox"/> Education/School | <input type="checkbox"/> Siblings | <input type="checkbox"/> ICWA |
| <input type="checkbox"/> Re-Placement | <input type="checkbox"/> Social | <input type="checkbox"/> Racial |
| <input type="checkbox"/> Treatment Needs | <input type="checkbox"/> Language | <input type="checkbox"/> Cultural |
| <input type="checkbox"/> Proximity / Location | <input type="checkbox"/> Religion | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Relative Placement | <input type="checkbox"/> Runaway | <input type="checkbox"/> Protective Needs |
| <input type="checkbox"/> TILP / Vocational | <input type="checkbox"/> Juv. Justice Involvement | |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Pregnant/Parenting Minor | |

PLACEMENT SELECTION

The type of placement will be selected for the child based on consideration of the child's needs and will consider the following: the least restrictive, most family-like environment including placement with siblings; the child's age, sex and cultural background, including ethnic and religious identification; planned parent/guardian-child contacts during the separation, and the specific actions to be taken by the parent(s)/guardian(s) which will facilitate reunification; appropriateness of attempting to maintain the child in his/her current school; the child's health and emotional factors; anticipated special needs of the child, including transportation, diet, clothing, recreation, and special education; and the capability of the care provider to meet the needs. If siblings not placed together/visiting, explain.

Child's Statement Regarding Placement: (WIC 399 requirement. Quoted or paraphrased.)

The child has a right to make a brief statement to the court making a decision on placement. This right applies to initial placement, continued placement, and returning to parental custody. Where possible, use verbatim statements.

“Another planned permanent living arrangement” (APPLA) has been eliminated as a permanency option for children under 16 years of age. When the permanent plan is “another planned permanent living arrangement” (for children age 16 or older), the case plan must include a statement of the child’s wishes regarding their permanent placement plan and an assessment of those stated wishes.

Recommended Type Of Placement:

- Relative placement is appropriate to meet needs of child.
- Home has been approved for Foster Family Home certification pending licensure.
- Licensed Foster Family Home meets needs of child.
- Group Home placement is necessary to meet treatment needs. Group Home selected has a program that meets those treatment needs.
- Out of Home Group Home is certified or is on an authorized pending certification list.
- Group Home Certification Level 13-14 on file.

Rationale For Out-Of-County Placement:

If a child is placed outside of Los Angeles County, explain why. If an exception to “presumptive transfer” applies [per Welfare and Institutions Code § 14717.1 (b) 2(A)] and a waiver is being requested (see [ACL 17-77](#)), discuss here.

Rationale For Out-Of-State Placement/Recommendation of Multidisciplinary Team:

If a child is placed or is recommended to be placed out-of-state, explain why.

Social Worker's Evaluation Of Child's Response / Adjustment To Placement / Comments, Including The Continuing Necessity For And Appropriateness Of The Placement:

Summarize the child’s response and adjustment to placement using all the relevant information described above. Evaluate whether the current placement remains appropriate. If a child has been in care for 3 years or more, the case plan must include a description of the specialized permanency services the agency is using, or a statement explaining why the agency chose not to provide these services.

If you have created Out-of-Home Care Information documents for other children on the case plan, they will populate here. Follow the instructions above to complete each additional document.

ACKNOWLEDGMENT OF PARENT(S)/GUARDIAN(S)

IN SIGNING THIS CASE PLAN, I ACKNOWLEDGE THAT I:

- Participated in the case plan development.
- Agree to participate in the services outlined in this case plan.
- Received a copy of this case plan.
- **Understand that the preventive services set forth in this case plan are designed to allow my child(ren) to safely remain in my home and prevent the removal and placement of my child(ren) in foster care.**

For VFM Case Plans copy and paste or type in this sentence.

SIGNATURE OF FATHER/GUARDIAN DATE

SIGNATURE OF OTHER DATE

SIGNATURE OF OTHER DATE

NON-SIGNATURE EXPLANATION

SIGNATURE OF INTERPRETER (1) DATE

SIGNATURE OF INTERPRETER (2) DATE

CSW's Name File no. – Last Name, Init. (000) 000-0000 DATE
SOCIAL WORKER Caseload Phone Number

SCSW's Name (000) 000-0000 DATE
SUPERVISOR Phone Number

ARA's Name (000) 000-0000 DATE
ASSISTANT REGIONAL ADMINISTRATOR Phone Number

RA's Name (000) 000-0000 DATE
REGIONAL ADMINISTRATOR Phone Number

Copy and paste the signature blocks below if ARA and/or RA signatures are required